- A red asterisk (*) indicates a required field.
- All other fields are optional. Please provide all requested information if possible, but these fields may be left blank.
- Do NOT provide complainant Personally Identifiable Information (PII) such as Social Security numbers or dates of birth anywhere in this form.

Who is Filing this Complaint?

If you were the one affected by this incident, please indicate so below. In the event that you are completing this form on behalf of another individual or business, please select NO and provide your contact information.

***Were you the one affected in this incident?**

- ◯ Yes
- ◯ No

Your Contact Information

If you are the one affected by this incident, the information below will be transferred to the Complainant section.

***Name:**

Business Name:

*Phone Number:

*Email Address:

Next (step 2)

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